

* (CLAIMING IMMINENT DANGER) *

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA**FILED**

OCT 06 2015

Phil Lombardi, Clerk
U.S. DISTRICT COURTFranklin C. Smith
Plaintiff/Petitionervs. Sheriff: Stanley Glanz,
Judge: Dawn Moody
& Supervisor: Tracy Jennings
Defendant(s)/Respondent(s)Case Number:
(To be supplied by Court Clerk)**15 CV - 573 GKF - PJC**

APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

I, Franklin C. Smith declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)If "Yes," state the place of your incarceration. Tulsa County Jail in Oklahoma.Are you employed at the institution? No Do you receive any payment from the institution? NoAttach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions. The Jail will not provide me with this information. See grievance enclosed.2. Are you currently employed? ☐ Yes ☒ Noa. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. N/Ab. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. Homeless

3. In the past 12 months have you received any money from any of the following sources?

- a. Business, profession or other self-employment
- b. Rent payments, interest or dividends
- c. Pensions, annuities or life insurance payments
- d. Disability or workers compensation payments
- e. Gifts or inheritances
- f. Any other sources

<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes

<input checked="" type="checkbox"/>	No
<input checked="" type="checkbox"/>	No
<input checked="" type="checkbox"/>	No
<input checked="" type="checkbox"/>	No
<input checked="" type="checkbox"/>	No
<input checked="" type="checkbox"/>	No

<input checked="" type="checkbox"/>	Mail	<input type="checkbox"/>	No Cert	<input type="checkbox"/>	Sig
<input type="checkbox"/>	C/J	<input type="checkbox"/>	C/MJ	<input type="checkbox"/>	CRet'd
<input type="checkbox"/>	No Cyps	<input type="checkbox"/>	No Env	<input type="checkbox"/>	O/MJ

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts?

☐ Yes

☒ No

If "Yes," state the total amount. N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value. N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. mother has dementia.

I declare under penalty of perjury that the above information is true and correct.

(October 15, 2015)
Date

Franklin C. Smith
Signature of Applicant

NOTICE TO PRISONER: In addition to the foregoing statement of all assets, a prisoner seeking to proceed without prepayment of fees shall submit the attached "Statement of Institutional Accounts," completed and signed by an appropriate institutional officer. A prisoner is also required to attach a ledger sheet for each institutional account showing all receipts, expenditures, and balances for the last 6-month period.

Grievance Record #

TULSA COUNTY SHERIFF'S INMATE GRIEVANCE FORM

(For Sheriff's Office use only)

INMATE'S NAME Franklin C. Smith DLM # (1227767)
(Please Print Full Name)

DATE/TIME OCTOBER 1ST 2015/5:00 P.M. CELL# / BED # 3-12/Cell-I

GRIEVANCE I've waited (2) weeks for a statement of my account, which is required by the Federal Court. It is the role of Courts to provide relief to claimants, in individual actions, who have suffered, or will imminently suffer, actual harm; it is not the role of Courts, but that of political branches, to shape the institutions of government, in such fashion as to comply with the laws and constitution. It is for Courts to remedy past or imminent official interference with individual inmates' presentation of claims to the Courts; it is for political branches of the state & Federal Government to manage correctional facilities in such fashion that official interference with presentations of claims will not occur. (Lewis v. Casey, 536 U.S. 808 (2002)).

INMATE'S SIGNATURE Franklin C. Smith

OFFICER'S SIGNATURE _____ MAN # _____ DATE/TIME RECEIVED _____

RESPONSE _____

RESPONDENT'S SIGNATURE _____
AND TITLE _____ MAN # _____ DATE/TIME _____

INMATE'S SIGNATURE _____ DATE/TIME _____

Signature is acknowledgement of response, not agreement of response.